

## TRAVEL EXPENSE CLAIM

STD. 262 (REV. 10/92)

See Instructions and \*Privacy  
Statement On Reverse Side

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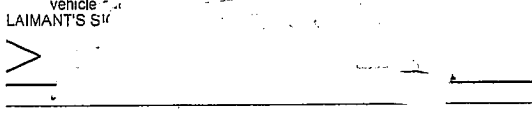
CLAIMANT'S NAME Glen Thomas			SSAN OR EMPLOYEE NUMBER*			DEPARTMENT Governor's Office		
POSITION Secretary			CB/ID NUMBER			DIVISION OR BUREAU Office of the Secretary of Education		
RESIDENCE ADDRESS* 121 L Street #600			HEADQUARTERS ADDRESS 1121 L Street #600			INDEX NUMBER 131		
CITY Sacramento			STATE CA			ZIP CODE 95814		
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1) MONTH/YEAR April 09		(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS			(6) INCIDENTALS	(7) TRANSPORTATION					(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
DATE	TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE			
											MILES	AMOUNT		
13	06:00	Sacto/San Diego		6.00	10.00	18.00					505	277.75	164.60	311.75
4	1400	San Diego/Sacto	246.52	6.00			2.45			32.00	505	277.75	164.60	564.72
0) SUBTOTALS			246.52	12.00	10.00	18.00	2.45			32.00	1010	555.50	329.20	650.17

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL \$ 876.47

(1) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 4/03/09 Meeting in San Diego with U.S. Secretary of Education Arne Duncan.  Note: Reimbursed for transportation of Airfare cost due to overage of car mileage travel.  Note: Hotel overage - no state rate available and conference taking place in city.		(12) NORMAL WORK HOURS 650.17  (13) PRIVATE VEHICLE LICENSE NUMBER  (14) MILEAGE RATE CLAIMED AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER
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I HERBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle use.	CLAIMANT'S SIGNATURE 	DATE 4/13/09
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1) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 4/16-17/08 Council of Chief State School Officers & National Governors Association Center for Best Practices Conference, Chicago IL 4/18/09 Governors Education Recovery Act (AARA) signing 4/20/09 Speaking engagement CSSESA Arts task force 4/21/09 CSSESA Arts task force		(12) NORMAL WORK HOURS (13) PRIVATE VEHICLE LICENSE NUMBER (14) MILEAGE RATE CLAIMED
5) I HERBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the vehicle safety vehicle safety CLAIMANT'S SIGNATURE _____ DATE _____ (16.) SIGNATURE _____		AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER